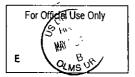
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2553 O	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Darrell W White	Name IBEW Local 2236
	Labor Organization F.le Number 067-222
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 3623
Street 19022 Forest Trace Drive	Street 1430 Spir.dletop Road
City Humble	City Beaumont
State Texas ZIP Code + 4 77346	State Texas ZIP Code + 4 77704
5. Position in labor organization. Executive Board Member	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Entergy EGSI, Inc. Fossil	Labor/Management Team meeting/contract signing meeting	
Trade Name, if any: Electric Utility		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street 10055 Grogans Mill		
City The Woodlands	\$104	
State Texas ZIP Code + 4 77380		

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	n
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of	
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	

Signed X assell M. What

on \$ 5-5-06

281-852-9089 Telephone Number Name of Person Filing Darrell White File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with	
Name	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg. Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c is checked give trust or employer's name.	11,a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12,b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg. Room No., if any		
Street		

14.b. Amount of payment,

ZIP Code + 4

or Consultant

?

13.b. Is the Business an Employer

City

State